

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS
SUBJECT: ICT SIMPLIFICATION DEMONSTRATION PROJECT
REFERENCE: ALL-COUNTY LETTER 94-39, DATED 5/18/94

This Errata provides clarification of the transfer period discussed in ACL 94-39.

In the second sentence of the second paragraph, the words "...to the extent that if agreed upon,..." were inadvertently omitted in the final letter to the counties.

The second sentence should read: "We are waiving this section of the regulations to the extent that if agreed upon, counties may complete an ICT earlier but not later than the current requirement."

This means that only when both counties involved in the transfer have mutually agreed to end the transfer earlier, can this be done.

We are sorry for any inconvenience this may have caused.

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



May 18, 1994

ALL-COUNTY LETTER NO. 94-39

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: INTERCOUNTY TRANSFER SIMPLIFICATION

REFERENCES: MPP 40-187, MPP 40-195

The purpose of this letter is to provide counties with information regarding changes to the intercounty transfer (ICT) process for the Aid to Families with Dependent Children Family Group/Unemployed Parent Program (AFDC-FG/U). Additionally, this letter transmits a new form: the CA 215, Notification of Intercounty Transfer. The ICT changes are being implemented pursuant to Welfare and Institutions Code 18204 as a State Demonstration Project. In an effort to streamline the ICT process, state and county staff identified three areas for improvement within the regulations. The changes outlined in this letter do not apply to the AFDC Foster Care Program (AFDC-FC). Counties must continue to adhere to existing ICT regulations when transferring AFDC-FC cases.

Currently, regulations define the transfer period as the end of the month following 30 days from the date of completion of the ABCDM 215, Notice of Transfer. We are waiving this section of the regulations so counties may complete an ICT earlier but not later than the current requirement.

The second item waived is the amount of documentation required for the transfer. Reducing the number of documents the sending county is required to send should make the transfer easier, less cumbersome, and less costly than the current process. Regulations will be waived to require only the following to accompany the new CA 215:

- o Copy of the most recent CA 1/SAWS 1, (Application for Cash Aid, Food Stamps and/or Medical Assistance).
- o Copy of the work history page of the JA 2, (Statement of Facts, Cash Aid, and Food Stamps) for AFDC-U cases only.
- o Copy of medical verification for AFDC Incapacitated cases only.

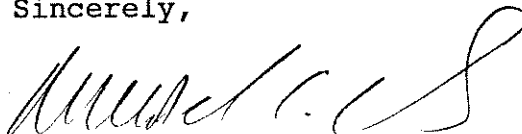
It should be noted that these are the minimum number of documents necessary for the ICT, but certain circumstances may warrant more documentation. When necessary, the sending county must send copies of additional documentation when requested by the receiving county.

The third item waived is the involvement of the second county when there are multiple-county ICTs. When a recipient moves to a third county during the transfer period, current regulations require the second county to forward documentation to the new county. This can delay the process if the recipient moves frequently. To simplify this procedure, we waived the regulations requiring the second county's involvement when the recipient moves to a third or subsequent county within the transfer period.

To facilitate the demonstration project, we developed the CA 215 (5/94) which updated, reformatted and streamlined information from the existing ABCDM 215. This new form must be used for an ICT of AFDC-FG/U cases. However, counties must continue to use the existing ABCDM 215 when transferring AFDC-FC cases. See the attachment to this letter for more detailed information on the CA 215. No state produced stock will be made at this time. Counties may call the Forms Management Unit at (916) 657-1984 or ATSS 437-1984 for a camera-ready copy of the CA 215. We will review the current CA 215 in 6 - 12 months to determine its effectiveness.

If you have any questions, please contact the following staff:
Intercounty Transfers: Pam Kian (916) 654-1801, ATSS 464-1801.
Form CA 215: Elizabeth Allred (916) 657-3350, ATSS 437-3350.
Foster Care: Sheilah Dupuy (916) 323-4142, ATSS 473-4142.

Sincerely,



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

CA 215 (5/94)

The CA 215 (5/94), Notification of Intercounty Transfer, is completed by the Sending County to notify the Receiving County of the intercounty transfer (ICT) of an Aid to Families with Dependent Children-Family Group/Unemployed (AFDC-FG/U) case. The CA 215 (5/94) replaces the ABCDM 215, Notification of Transfer (7/84) for AFDC-FG/U cases. The CA 215 (5/94) does not obsolete the ABCDM 215. The ABCDM 215 (7/84) must continued to be used by the Foster Care Program for AFDC-Foster Care (AFDC-FC) cases. Additionally, the ABCDM 215 (7/84) may be used by the Medi-Cal Only (MCO) Program, if the CA 215 is not used for the ICT of MCO cases. Under separate cover, the Department of Health Services will provide implementation instructions for use of the CA 215 by the MCO Program.

The CA 215 is to be completed by the county worker based upon information in the case folder. When the CA 215 is completed and forwarded to the Receiving County, the Sending County is attesting that the CA 215 accurately records information documented in the family's AFDC-FG/U case file. The amount of actual documentation forwarded to the Receiving County has been severely reduced for AFDC-FG/U as explained in the "Documentation Sent" section below.

Information on the CA 215 has been updated, reformatted, and streamlined. The similarities and differences between the CA 215 and ABCDM 215 are discussed below.

Items that remained substantially the same:

- o Case identifying information: Case Name, Case Number, Payee's Name, Payee's Relationship to Children, Address, and Phone Number.
- o County identifying information: Sending County and Address; Name, Number, and Phone Number, of the Worker (who can answer questions about the ICT); and Date Completed.

Items deleted from the form:

- o Instructions for completing the form, which appeared on the back page of the ABCDM 215. However, the "Abbreviation Summary," which was not deleted from the back page, was revised to update current program-specific references.
- o The "Aid Programs" section; Date Moved; Food Stamp Shelter (FS Budgeted Housing/Utilities Amounts); EIC (Earned Income Credit); EA-UP/EA-ANEC cycle dates; FBU members; WIN and ES registrants; and Child Support.
- o "Section B - Receiving County Completes" as the Receiving County will no longer document any of its case action on the form; and, because of this change, the narrative "Section A - Sending County Completes" is also eliminated.

Program Specific Information to be documented by the Sending County:

- o "AFDC Case Information:" A summary of grant amount information, and, as appropriate, special needs, homeless assistance, period of ineligibility for lump sum or restricted accounts, and the 08 exemption for a second child.

- o "Cal-Learn/GAIN:" "Cal-Learn Bonus" and "Sanction" information; and GAIN-One-Time Through - Job Services" information.

Items that are common to more than one Program are formatted together to document:

- o "Case Status:" Sending County's "Disc[continuation] Dates" for AFDC, CAAP [California Alternative Assistance Program], Food Stamps, and Medi-Cal; and "End Dates" for NET [Non-GAIN Eligibility and Training], TCC [Transitional Child Care], and TMC [Transitional Medi-Cal]."
- o "Overpayments:" "Balance Owed" and "Adjustment" for AFDC, Child Care Programs, GAIN, the Cal-Learn Bonus; and Food Stamp OI [Overissuance] and Type of OI.
- o "Sanctions:" "AFDC IPV [Intentional Program Violation]," "FS IPV", and "GAIN," except that the documentation for the Cal-Learn Sanction is located in the "Cal-Learn/GAIN" Case Information Section as discussed above.

Miscellaneous other changes include:

- o reformatting from a one to a two-column format.
- o "Research Counties Only:" This section is only completed when a client moves from one Research County (Los Angeles, San Bernardino, Alameda, and San Joaquin) to another Research County, and the family is assigned to a "Control" or "Experimental" program status.
- o The "\$30 and 1/3" with the "\$30 - 8 months" were relocated to the section "Research Counties and Medi-Cal Only."

The "Documentation Sent" section is revised:

- o The minimum documentation the Sending County is required to forward are the "Most Recent CA 1/SAWS 1" and any deprivation verification that is in the case file; such as "PE/Federal Eligibility Determination (Work History Page from JA2/SAWS 2/MC 210)," the "Incap[acity]/DED [Disability Evaluation Division] Verification," etc.
- o Overpayment or overissuance records, if applicable.
- o ~~Other material records or verification that the Sending County deems appropriate or the Receiving County requests; such as for "AFDC Gift, Food Stamp/Medi-Cal Gift/Irregular Income," and the 185% Disregard-Child's Student or JTPA (Job Training Partnership Act) Earnings.~~

"Summaries of Eligibility," a new section, was added.

The Sending County will record in this section summaries from the case file (in lieu of sending copies of the actual documents) for "Earned" and "Unearned Income, "Property, and "Other Information" believed essential for the Receiving County's ability to assume the responsibility of determining continued eligibility and benefit levels.

NOTIFICATION OF INTERCOUNTY TRANSFER

SENDING COUNTY AND ADDRESS

CASE NAME

CASE NUMBER

RECIPIENT ADDRESS

NUMBER/STREET

CITY

ZIP CODE

RECEIVING COUNTY

PAYEE'S NAME (IF DIFFERENT)

RECIPIENT'S PHONE NUMBER(S)

PAYEE'S RELATIONSHIP TO AIDED CHILD(REN)

CASE STATUS

DISC. DATES:

AFDC/CAAP

FS

MC

END DATES:

NET/TCC

TMC

RESEARCH COUNTIES ONLY

☐ APDP/CWPDP☐ CONTROL☐ EXPERIMENTAL☐ LINK-UP☐ CONTROL☐ EXPERIMENTAL☐ CAL-LEARN☐ CONTROL☐ EXPERIMENTAL

RESEARCH COUNTIES AND MEDI-CAL ONLY

☐ \$30 1/3 received

WHO

FROM

TO

☐ \$30 1/3 received

WHO

FROM

TO

☐ \$30 - 8 months

WHO

FROM

TO

DOCUMENTATION SENT

☐ MOST RECENT CA 1/SAWS 1☐ PE/FED ELIG. DETERMINATION (Work History Page from JA 2/SAWS 2/MC 210)☐ INCAP/DED VERIFICATION ATTACHED☐ OP/OI RECORDS☐ OTHER

SUMMARIES OF ELIGIBILITY

EARNED INCOME:

\$

OTHER INCOME:

UIB

DIB

SSA

\$

\$

\$

SSI

Veterans

Other: (Specify)

\$

\$

\$

PROPERTY:

☐ Restricted Account(s)

OTHER INFORMATION:

OVERPAYMENTS

PROGRAM

BALANCE OWED

ADJUSTMENT

AFDC\$

☐ 90% ☐ 95%

CHILD CARE PROGRAMS\$

%

(SDD/CAAP/NET/TCC/GAIN/C-L)

GAIN (Other Supportive Services)\$

☐ 90% ☐ 95%

CAL-LEARN BONUS\$

☐ 90% ☐ 95%

FOOD STAMP OI\$

TYPE OF OI:

☐ IPV☐ Inadvertent Household Error☐ Agency Error

SANCTIONS

☐ AFDC IPV☐ FIRST☐ SECOND☐ THIRD☐ FS IPV☐ FIRST☐ SECOND☐ THIRD☐ GAIN☐ FIRST☐ SECOND☐ THIRD

WHO

ENDING DATE(S)

AFDC CASE INFORMATION

GRANT

PRIOR MONTH

AMOUNT

CURRENT MONTH

AMOUNT

\$

\$

SPECIAL NEEDS:

WHO

TYPE

AMOUNT

HOMELESS ASSISTANCE

DATE FIRST ISSUED

☐ TEMPORARY RECEIVED☐ PERMANENT RECEIVED

PERIOD OF INELIGIBILITY:

☐ LUMP SUM: ENDING DATE

REMAINDER \$

☐ RESTRICTED ACCOUNT(S): ENDING DATE

OR EXEMPTION:

CHILD'S NAME

PARENT'S NAME

☐ RECEIVED

CAL-LEARN/GAIN CASE INFORMATION

☐ C-L BONUS DUE: REPORT CARD
WHO AND AMOUNT PERIOD ENDING☐ C-L SANCTION: REPORT CARD
WHO PERIOD ENDING☐ GAIN, One-Time Through - Job Services Only - WHO:

MEDI-CAL ONLY CASE INFORMATION

☐ SOC

WHO AND AMOUNT

WHO AND AMOUNT

WHO AND AMOUNT

☐ COURT CASES:☐ HUNT V. KIZER☐ SNEEDE V. KIZER☐ PERCENT/PPL PROGRAM☐ LTC CSRA

%

\$

☐ PERIOD OF INELIGIBILITY☐ CONTINUED ELIGIBILITY (SPECIFY)☐ NAME:☐ WHO:☐ LTC MONTHS:☐ WHO:

NAME

WORKER NUMBER

PHONE HOURS

PHONE NUMBER

FAX

DATE COMPLETED

()

()

ABBREVIATIONS SUMMARY

AFDC:	Aid to Families with Dependent Children	IPV:	Intentional Program Violation
APDP:	Assistance Payments Demonstration Project	LTC:	Long Term Care
CAAP:	California Alternative Assistance Program	NET:	Non-Gain Education and Training
C-L:	Cal-Learn	OI:	Overissuance
CSRA:	Community Spouse Resource Allowance	OP:	Overpayment
CWPDP:	California Work Pays Demonstration Project	PE:	Principal Earner
DED:	Disability Evaluation Division	SCC:	Supplemental Child Care
DIB:	Disability Insurance Benefits	SSA:	Social Security Administration
DISC. DATES:	Discontinuation Dates	SSI:	Supplemental Security Income
FPL:	Federal Poverty Level	SOC:	Share of Cost
Fed Elig.:	Federal Eligibility	TCC:	Transitional Child Care
FS:	Food Stamps	TMC:	Transitional Medi-Cal
GAIN:	Greater Avenues to Independence	UIB:	Unemployment Insurance Benefits
INCAP:	Incapacity		